Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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PTO/SB/17 (12-04/2)
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First Juniary   Feed	FEE TRANSMITTAL			<u> </u>	Application Number 10/000,010				
Application Type   Fee   S   Pee				FI	Filing Date February 21, 2002		02		
TOTAL AMOUNT OF PAYMENT  (S) 815.00  Art Unit  3714 Altoney Gooden No. NEW-001-2C US (7007853001)  METHOD OF PAYMENT (check all that apply)  Check   Credit Card   Money Order   Nonc   Other (please identify):  Deposit Account Number 502618  Charge fee(s) indicated below.  Examination on this transfer.  Examination on this transfer.  Examination on this from may become public. Credit card Informase should not be included on the form. Provide credit card Informase should not be included on the fee fee(s) indicated below.  Examination on the fee fee(s) fe					Fi	rsi Named Inventor	Michael T. Willishire		
METHOD OF PAYMENT (check all that apply)   Method Of Payment (check all that apply)	Applicant claims small	entity st	atus. See 37	CFR 1.27	E	caminer Name	Jessica Harriso	n	
Altomary Decket No.   NEW-001-2C US (7007853001)	TOTAL AMOUNT OF BAY	NENT	ENT (\$) 815.00		Ar	t Unit	3714		
Check	TOTAL AMOUNT OF PATE	MENI			Al	torney Docket No.	NEW-001-2C US (7007853001)		
Deposit Account Deposit Account Number: 502518  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) fee(s	METHOD OF PAYMENT	(check	all that apply	<b>(</b> )					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	☐ Check ☐ Credit Card	М	oney Order	☐ None	Oth	ter (please identif)	<i>(</i> ) :	. 40	
Charge fee(s) indicated below. except for the filling fee Charge any additional fee(s) or underpayments of fee(s)	Deposit Account Depo	sit Acco	unt Number: 5	02518	_	Deposit Acco	unt Name: Bingi	тат МсСи	tchen LLP
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	For the above-ider	itified de	posit account,	the Directo	r is her	eby authorized to:	(check all that ap	ply)	
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WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and subhicitation on PTO-2038.    Fee CALCULATION				derpaymeni	s of fee	e(s) Credi	it any overpayme	nts	
Tele CALCULATION   FEES   SEARCH   FEES   Small Entity   Fee(\$)   Fees(\$)	Under 37 C WARNING: Information on this	FR 1.16	and 1.17 v become publ	ic. Credit car	d Infor	mation should not be	n included on this	form Paoul	da esadit cond
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   SEARCH FEES   Small Entity   Small En	Information and authorization	on PTO-2	038.				on this	, F T Q V I	++11 AA.A
FILING FEES   SEARCH FEES   Small Entity   Fee (\$)   F									· · · · · · · · · · · · · · · · · · ·
Small Entity   Fee (\$)   Fee (\$)						CU EEEs	EA 11111		
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Design   200   100   100   50   130   65		Fee (\$)			Fee(\$)				
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2. EXCESS CLAIM FEES  Fae Description  Each claim over 20 (including Reissues)  Each independent claim over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee(\$)  Fee Paid (\$)  Fee Paid (\$)  The highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 shects of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sea 35 U.S.C. 4((a)(1)(G) and 37 CPR 1.16(s).  Total Sheets  Total Claims  Fee(\$)  Fee Paid (\$)  Fee				:					
Fae Description  Each claim over 20 (including Reissues)  Each independent claim over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(S)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(S)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.16(s).  Total Shoots  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$)  Fee Paid			100		U	U	U	0	<del></del>
Each claim over 20 (including Reissues)  Each independent claim over 30 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$2.20 (\$1.25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fees Paid (\$)	_	3						=	
Each independent claim over 30 (including Reissucs)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Multiple Bependent Claims  Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sumber of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)		iding Re	eissues)						
Total Claims   Extra Claims   Fee(\$)   Fee Paid (\$)   Multiple Dependent Claims    -20 or HP=	Each independent claim of	ver 30 (		ssucs)					
-20 or HP= x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)  -3 or HP= x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition to REVIVE Fee (\$750.00); Terminal Disclaimer fee (\$65.00);  SUBMITTED BY  Signalure Registration No. (Allormay/Agent) 48.266 Telephone 650-849-4400			Claima	E(#)		Fee Deid (#)			
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims				_	Fee Paid (\$)				
Indep. Claims		al claims	_	er than 20	_			re	<u> </u>
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets					ş	Fee Pald (\$)			- <u> </u>
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets					=				25 E
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	HP = highest number of independent claims paid for, if greater than 3.								
listings under 37 CPR I.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION SIZE FEE								
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4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition to Registration No. (Alterney/Agent) 48,266 Telephone 650-849-4400	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Petition to Retrive Fee (\$750.00); Terminal Disclaimer fee (\$65.00);  SUBMITTED BY  Signature  Registration No. (Altomay/Agent) 48,266 Telephone 650-849-4400									
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Other (e.g., late filing surcharge): Petition to REGIVE Fee (\$750.00); Terminal Disclaimer fee (\$65.00); \$815.00  SUBMITTED BY  Signature  Registration No. (Allomey/Agent) 48,266  Telephone 650-849-4400									
SUBMITTED BY  Signature  Registration No. (Allormey/Agent) 48,266  Telephone 650-849-4400	Other (c. a. less 51)								
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Name (Prof/Dec) Scing S. Shorplay	SUBMITTED BY	N	1/						
Name (Print/Pres) Science S. Science	Signature	V	7/			-	48,266	Tele	phone 650-849-4400
	Name (Print/Type) Saina	S. Sha	amilov /						

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DATE: May 20, 2005

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PAGES: (INCLUDING THIS COVER PAGE): 23

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U.S. Patent Application Serial No.: 10/080,816 Entitled: Slim Terminal Gaming System

Filed: February 21, 2002

Our Docket No.: NEW-001-2C US (7007853001)

MESSAGE:

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Dated: \_\_\_\_ May 20, 2005

Name of Person Certifying:

Printed Name: Sheila Badon

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- Transmittal Form (1 pg);
- Fee Transmittal (1 pg);
- Response to Office Action (15 pgs);
- Petition to Revive (2 pgs);
- Declaration in Support of Petition to Revive (2 pgs);
- Terminal Disclaimer (1 pg).

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PTO/SB/21 (09-04)

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	Application Nu	mber	10/080,816					
TRANSMITTAL	Filing Date		February 21, 2002					
FORM	First Named Inventor		Michael T. Wiltshire					
	Art Unit		3714					
(to be used for all correspondence after i	Examiner Nam	e	Jessica Ha	arrison				
Total Number of Pages In This Submissi	ion 6	Attorney Dock	et Number	NEW-001-2C US (7007853001)				
ENCLOSURES (check all that apply)								
Fee Transmittal Form	Drawing(s	i)	"	After Allo	owance Communication to TC			
Fee Attached	Licensing	related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply (9 pgs)	Petition to Revive			Appeals and interferences  Appeal Communication to TC (Appeal Notice, Brief, Roply Brief)  Proprietary Information				
After Final	Petition to Convert to a Provisional Application							
Affidavits/declaration(s)		Attorney, Revocati f Correspondence		Status Letter				
Extension of Time Request	Terminal I	Disdaimer		Other Enctosure(s) (please identify below):				
Express Abandonment Request	Request for Refund			Fax Cover Sheet to PTO Declaration in Support of Petition to				
Information Oisclosure Statement	CD, Number of CD(s)			Revive.				
Certified Copy of Priority Document(s)	Remarks							
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Firm		Cutchen LUP	)-					
Signature	5	4						
Printed Name	Saina S. Sh	amiov						
Date	May 20, 200	05	Reg. No.	48,266				
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